

DCTD TRAVEL VOUCHER ROUTE SLIP

***Voucher should be completed within 5 days of the trip return date**

****Combined trip cost of \$25 minimum or on a monthly basis for submission required for Local Vouchers**

Traveler Name: _____

Travel Voucher #: _____

Destination: _____

Dates of Travel: _____

TO:	Initial	Date
1. Travel Planner:		
2. Traveler: (E-Certified)		
3. Traveler's Supervisor (local only):		
4. DEAS Task Leader:		
5. Administrative Officer:		

COMMENTS: